

Medical Policies



Policy Z-107

Number:

Policy Name: Intense Pulsed Light Therapy for the Treatment of Dry Eye Disease

Policy Type: Medical Policy Miscellaneous

Subtype:

Effective 09-15-2025 End Date: 11-02-2025

Date:

Description

Thermal pulsation is a treatment option for meibomian gland dysfunction. Meibomian gland dysfunction is recognized as the major cause of dry eye syndrome. Thermal pulsation applies heat to the palpebral surfaces of the upper and lower eyelids directly over the meibomian glands, while simultaneously applying graded pulsatile pressure to the outer eyelid surfaces, thereby expressing the meibomian glands.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Eyelid thermal pulsation therapy to treat dry eye syndrome is considered not medically necessary.

Devices using heat and intermittent pressure for the treatment of evacuating meibomian glands is considered not medically necessary.

Procedure Codes

0207T	0330T	0507T	0563T

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	Commercial
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R	Commercial
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	Commercial
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Commercial
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	Medicaid Expansion
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R	Medicaid Expansion
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	Medicaid Expansion
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Medicaid Expansion

References

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- 2. American Academy of Ophthalmology (AAO). Dry Eye Syndrome Preferred Practice Pattern. San Francisco: American Academy of Ophthalmology; 2018.
- 3. Hura A, Epitropoulos A, Czyz C, Rosenberg E. Visible meibomian gland structure increases after vectored thermal pulsation treatment in dry eye disease patients with meibomian gland dysfunction. *Clin Ophthalmol;* 2020 7(14):4287-4296.
- 4. Hayes, Inc. Hayes Health Technology Brief. *Intense Pulsed Light Therapy for Dry Eye Disease.*Lansdale, PA: Hayes, Inc; 04/05/2023.

- 5. Cote S, Zhang AC, Ahmadzai V, et al. Intense pulsed light (IPL)therapy for the treatment of meibomian gland dysfunction. *Cochrane Database Syst Rev.* 2020;3(3).
- 6. Arita R, Fukuoka S, Morishige N. Therapeutic efficacy of intense pulsed light in patients with refractory meibomian gland dysfunction. *Ocul Surf.* 2019;17(1):104-110.
- 7. Piyacomn Y, Kasetsuwan N, Reinprayoon U, Satitpitakul V, Tesapirat L. Efficacy and safety of intense pulsed light in patients with meibomian gland dysfunction-a randomized, double-masked, shamcontrolled clinical trial. 2020;39(3):325-332.
- 8. Stonecipher K, Abell TG, Chotiner B, Chotiner E, Potvin R. Combined low level light therapy and intense pulsed light therapy for the treatment of meibomian gland dysfunction. *Clin Ophthalmol.* 2019; 11(13):993-999.
- 9. Toyos R, Toyos M, Willcox J, Mulliniks H, Hoover J. Evaluation of the safety and efficacy of intense pulsed light treatment with meibomian gland expression of the upper eyelids for dry eye disease. *Photobiomodul Photomed Laser Surg.* 2019;37(9):527-531.
- 10. Demolin L, Es-Safi M, Soyfoo M, Motulsky E. Intense pulsed light therapy in the treatment of dry eye diseases: a systematic review and meta-analysis. *J Clin Med.* 2023;12(8):3039.
- 11. Marques JH, Marta A, Baptista PM, et al. Low-level light therapy in association with intense pulsed light for meibomian gland dysfunction. *Clin Ophthalmol.* 2022;16:4003-4010.
- 12. Rong B, Tang Y, Liu R, et al. Long-term effects of intense pulsed light combined with meibomian gland expression in the treatment of meibomian gland dysfunction. *Photomed Laser Surg.* 2018;36(10):562-567.

ND Committee Review

Internal Medical Policy Committee 07-26-2023 New Policy - Effective September 04, 2023

Internal Medical Policy Committee 07-16-2024 Annual Review - No changes in criteria

• Added Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.